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Washington, DC 20231

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PATENT
Date: January 18, 2000
File No. 1503.63544

1c672 U.S. PTO
01/18/00

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Junichi Hagiwara, Tatsuya Shindo,
Katsuhiko Taguchi

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Asst. Comm. for Patents, Washington, D.C. 20231, on this date.

01-18-00
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Express Mail Label No.: EL409490885US

For: SEARCH SYSTEM AND METHOD BASED
ON SEARCH CONDITION COMBINATIONS

Enclosed are:

- (X) 44 pages of specification, including 16 claims and an abstract.
(X) an executed oath or declaration, with power of attorney.
() an unexecuted oath or declaration, with power of attorney.
() _____ sheet(s) of informal drawing(s).
(X) 27 sheet(s) of formal drawings(s).
(X) Assignment(s) of the invention to FUJITSU LTD.
(X) Assignment Form Cover Sheet.
(X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
() Information Disclosure Statement.
() Form PTO-1449 and cited references.
() Associate power of attorney.
(X) Priority Document.

Fee Calculation For Claims As Filed

| | | | | | | |
|----------------------------|-----------|---|-----------|---|----------|-------------------------------|
| a) Basic Fee | | | | | | \$ 690.00 |
| b) Independent Claims | <u>8</u> | - | <u>3</u> | = | <u>5</u> | x \$ 78.00 = \$ <u>390.00</u> |
| c) Total Claims | <u>16</u> | - | <u>20</u> | = | <u>0</u> | x \$ 18.00 = \$ _____ |
| d) Fee for Multiple Claims | | | | | | \$260.00 = \$ _____ |

Total Filing Fee \$ 1,080.00

() _____ Statement(s) of Status as Small Entity, reducing Filing Fee by half to \$ _____

(X) A check in the amount of \$ 1,080 to cover the filing fee is enclosed.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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